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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 223  
Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township San Carlos or Village \_\_\_\_\_  
City Ariz. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Willard West Wind

If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 27, 1930  
Month Day Year

## 8. FATHER

Full name Ed. Wind

## 14. MOTHER

Full maiden name Jennie Shorten

9. Residence (Usual place of abode) Rice, Ariz.  
If non-resident, give place and state.

15. Residence (Usual place of abode) Rice, Ariz.  
If non-resident, give place and state.

10. Color or race 4/4  
apache indian 11. Age at last birthday 25 (Years)

16. Color or race 4/4  
apache indian 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Carlos,  
Ariz.  
(State or country)

18. Birthplace (city or place) San Carlos,  
Ariz.  
(State or country)

13. Occupation Com. Labor  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 3 } (a) Born alive and now living 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead 1  
certified and including this child.) } (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 A.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature \_\_\_\_\_

*U. R. Comer*

(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Rice, Ariz.

Month, day, year \_\_\_\_\_

Filed \_\_\_\_\_, 19 \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

664-127-125

THIS FORM OF BIRTH CERTIFICATE MUST BE MAILED TO THE STATE BOARD OF HEALTH, PHOENIX, ARIZONA, WITHIN 10 DAYS OF THE DATE OF BIRTH.